									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2001									10/075,045					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	. EN	τιτγ ⊐	OR	OTHER SMALL		
TOTAL CLAIMS			18					RATI	E	FEE	1	RATE	FEE	
FOR			NUMBER FILEO		NUMB	NUMBER EXTRA		BASIC FEE 370.00		370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20=		·Ø			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 = 7				X42=		- 1		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=			OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L EI	NTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVIO PAID		BER OUSLY	BER PRESENT USLY EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 15	Minus	* O	∞	=		X\$ 9	=		OR	X\$18=		
AM	Independent	MTATION OF M	Minus	***	<u> </u>	=		X42=			OR	X		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140:	=		OR	300		
								TOT ADDIT, F			OR	TOTAL ADDIT, FEE	2	
_	,	(Column 1)		(Colu		(Column 3)	•							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	-		OR	X\$18=		
	Independent FIRST PRESE	* NTATION OF MI	Minus	ENDENT	CLAIM			X42=			OR	X84=		
—			TENN EE DEN	LINDLIN	ODANI		ا '	+140=			OR	+280=		
TOTAL ADDIT. FEE											OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)	1							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** .		=		X\$ 9=			OR	X\$18=		
AME	Independent	*	Minus	***		=-		X42=	1		ľ	X84=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	ent) is the	highest numbe	r fou	nd in the	appro	priate box	in colu	ımn 1.		

FORM PTO-875 (Rev. 8/01)

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